

**SEC. 2. LACTATION SPACES IN MEDICAL CENTERS OF THE DEPARTMENT OF VETERANS AFFAIRS.**

(a) IN GENERAL.—Subchapter II of chapter 17 of title 38, United States Code, is amended by adding at the end the following new section:

**“§ 1720K. Lactation spaces in medical centers of the Department**

“(a) LACTATION SPACE REQUIRED.—The Secretary shall ensure that each medical center of the Department contains a lactation space.

“(b) NO UNAUTHORIZED ENTRY.—Nothing in this section shall be construed to authorize an individual to enter a medical center of the Department or portion thereof that the individual is not otherwise authorized to enter.

“(c) LACTATION SPACE DEFINED.—In this section, the term ‘lactation space’ means a hygienic place, other than a bathroom, that—

- “(1) is shielded from view;
- “(2) is free from intrusion;
- “(3) is accessible to disabled individuals (including such individuals who use wheelchairs);
- “(4) contains a chair and a working surface;
- “(5) is easy to locate;
- “(6) is clearly identified with signage; and
- “(7) is available for use by women veterans and members of the public to express breast milk.”.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by inserting after the item related to section 1720J the following new item:

“1720K. Lactation spaces in medical centers of the Department.”.

(c) EFFECTIVE DATE.—The Secretary of Veterans Affairs shall carry out section 1720K of title 38, United States Code, as added by this section, not later than two years after the date of the enactment of this Act.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from California (Mr. TAKANO) and the gentleman from Illinois (Mr. BOST) each will control 20 minutes.

The Chair recognizes the gentleman from California.

**GENERAL LEAVE**

Mr. TAKANO. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and to insert extraneous material on H.R. 5738, as amended.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from California?

There was no objection.

Mr. TAKANO. Mr. Speaker, I yield myself such time as I may consume.

I rise in strong support for H.R. 5738, as amended, the Lactation Spaces for Veteran Moms Act introduced by Chairwoman LURIA. The purpose of this bill is to ensure that each Department of Veterans Affairs Medical Center contain a hygienic lactation space that is not a bathroom.

This legislation requires the Department of Veterans Affairs to provide essential spaces to serve nursing individuals and veteran mothers which are shielded from view, contain a chair and work surface, are free from intrusion, and are accessible to disabled individ-

uals. These spaces should also be easy to locate with clear, identifiable signs, and readily available for veteran moms.

This bill is endorsed by numerous veterans service organizations including the National Veterans Legal Services Program, Paralyzed Veterans of America, Disabled American Veterans, and Veterans of Foreign Wars.

Women veterans make up the fastest-growing community within the veteran population. In order to adequately meet their needs, VA needs to provide culturally competent care and resources to ensure they will feel comfortable when they seek care at a VA facility.

This legislation, which ensures safe, dedicated spaces for lactation, further advances VA's mission to create a more welcoming and inclusive environment at its facilities.

Women veterans face many challenges accessing essential VA care benefits. The Lactation Spaces for Veteran Moms Act ensures VA eliminates barriers that may discourage veteran moms from utilizing those benefits.

A vote in support of this bill is a vote for women veterans and shows our dedication to ensuring VA delivers equitable and safe spaces for veteran moms.

Mr. Speaker, I reserve the balance of my time.

Mr. BOST. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of H.R. 5738, the Lactation Spaces for Veteran Moms Act. One of my priorities is strengthening services for women veterans. This bill would do that by ensuring that VA medical facilities have safe, clean, private spaces for them to use for breastfeeding.

VA is already required to create these spaces for VA employees. It is only right that we give veteran mothers who use VA facilities the ability to take care of their families this way as well.

I am grateful to Congresswoman LURIA and Congresswoman HERRERA BEUTLER for their work on this legislation. I urge all of my colleagues to join me in support of it today.

Mr. Speaker, I reserve the balance of my time.

Mr. TAKANO. Mr. Speaker, I yield 3 minutes to the gentlewoman from Virginia (Mrs. LURIA), my good friend, author of H.R. 5738, and the chair of the Disability Assistance and Memorial Affairs Subcommittee.

Mrs. LURIA. Mr. Speaker, as a mother myself, I rise today in support of the Lactation Spaces for Veteran Moms Act, a bipartisan bill that would ensure every medical facility managed by the Department of Veterans Affairs contains a lactation space.

Representative JAIME HERRERA BEUTLER joined me in introducing this bill in 2021, and I thank her for her leadership on this issue. This is an issue where Congress has worked together in a bipartisan manner, and we

know that more work like this needs to be done.

In 2019, the Fairness for Breastfeeding Mothers Act was signed into law. That legislation required public buildings containing public restrooms to also provide a hygienic space, other than a restroom, for mothers to express milk, not only for employees, but for members of the public as well.

Today, there are 90 VA facilities across the country with designated nursing rooms, but today these spaces are for employees of the VA only, not veteran mothers as well.

The bipartisan Lactation Spaces for Veteran Moms Act expands access to clean, safe, and convenient lactation spaces for all VA medical facilities throughout the country for women who have served our Nation and our military families.

My legislation requires the Secretary of Veterans Affairs to ensure that every medical facility managed by the VA contains a lactation space which is a hygienic place, other than a restroom, is shielded from view, is accessible to disabled individuals as well, contains a chair and a working surface, and is available for use by female veterans, employees of the Department, and members of the public.

Congress must do more to support our veteran mothers and the Lactation Spaces for Veteran Moms Act will improve the quality of life for many of the women who have served our Nation and our military families, while they are accessing VA facilities.

I am grateful for the overwhelming support from my colleagues on both sides of the aisle for this important issue, and I advise my colleagues to advance this legislation favorably and ensure that the resources are available for every woman who visits VA facilities.

Mr. BOST. Mr. Speaker, I encourage my colleagues to support this bill, and I yield back the balance of my time.

Mr. TAKANO. Mr. Speaker, I ask all my colleagues to join me in passing this very important legislation, H.R. 5738, as amended, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. TAKANO) that the House suspend the rules and pass the bill, H.R. 5738, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. HICE of Georgia. Mr. Speaker, on that I demand the yeas and nays.

The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are ordered.

Pursuant to clause 8 of rule XX, further proceedings on this motion are postponed.

**MST CLAIMS COORDINATION ACT**

Mr. TAKANO. Mr. Speaker, I move to suspend the rules and pass the bill

(H.R. 7335) to improve coordination between the Veterans Health Administration and the Veterans Benefits Administration with respect to claims for compensation arising from military sexual trauma, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 7335

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

# SECTION 1. SHORT TITLE.

This Act may be cited as the “MST Claims Coordination Act”.

## SEC. 2. VETERANS HEALTH ADMINISTRATION AND VETERANS BENEFITS ADMINISTRATION COORDINATION FOR CERTAIN CLAIMS ARISING FROM MILITARY SEXUAL TRAUMA.

(a) COORDINATED PROVISION OF MATERIALS.—

(1) REQUIRED MATERIALS.—During or immediately after each covered event, and together with each covered document, in a claim for compensation arising from military sexual trauma experienced by a covered individual, the Under Secretary for Benefits of the Veterans Benefits Administration, in coordination with the Under Secretary for Health of the Veterans Health Administration, shall provide, to the covered individual—

(A) outreach letters;

(B) information on the Veterans Crisis Line;

(C) information on how to make an appointment with a mental health provider; and

(D) other information on available resources relating to military sexual trauma (including information on military sexual trauma coordinators of the Veterans Health Administration, mental health providers trained in military sexual trauma issues, and peer support specialists).

(2) FORMAT OF MATERIALS.—Materials described in paragraph (1) may be provided electronically.

(b) AUTOMATIC NOTIFICATION SYSTEM.—In a claim for compensation arising from military sexual trauma experienced by a veteran, if the veteran is enrolled in the patient enrollment system of the Department of Veterans Affairs under section 1705 of title 38, United States Code, and consents to the notification system under this subsection, the Under Secretary for Benefits shall automatically notify the Under Secretary for Health shortly before the veteran—

(1) participates in any covered event; or

(2) receives any covered document.

(c) IMPLEMENTATION DEADLINE.—The Secretary of Veterans Affairs shall implement this Act not later than 18 months after the date of the enactment of this Act.

(d) DEFINITIONS.—In this section:

(1) The term “compensation” has the meaning given that term in section 101 of title 38, United States Code.

(2) The term “covered document” means a determination (including a rating determination) that the Secretary of Veterans Affairs provides to the claimant in connection with a claim for compensation.

(3) The term “covered event” includes, with respect to a claim for compensation—

(A) a medical examination under section 5103A of title 38, United States Code;

(B) a hearing before the Board of Veterans’ Appeals under section 7107 of such title; and

(C) any other event determined relevant by the Secretary of Veterans Affairs.

(4) The term “covered individual” means a former member of the Armed Forces (as that term is defined in section 1720D of title 38,

United States Code) who elects to receive materials under subsection (a).

(5) The term “military sexual trauma” has the meaning given that term in section 1166 of title 38, United States Code.

(6) The term “Veterans Crisis Line” means the toll-free hotline for veterans established under section 1720F(h) of title 38, United States Code.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from California (Mr. TAKANO) and the gentleman from Illinois (Mr. BOST) each will control 20 minutes.

The Chair recognizes the gentleman from California.

### GENERAL LEAVE

Mr. TAKANO. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and to insert extraneous material on H.R. 7335.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from California?

There was no objection.

Mr. TAKANO. Mr. Speaker, I yield myself such time as I may consume.

I rise in strong support of H.R. 7335, the MST Claims Coordination Act, introduced by Chairwoman LURIA. Information is power, but access to information is empowering.

Given the traumatic nature of military sexual trauma, equipping veterans with information about the MST claims process may help to ease the apprehension that may be associated with pursuing MST claims.

The outreach materials mandated by this legislation will provide MST survivors a variety of resources on how to pursue and file claims; identify mental health resources for treatment; and contact information for the Veterans Crisis Line, should the need arise.

By improving the notification mechanisms between the Veterans Health Administration and the Veterans Benefits Administration, veteran survivors of MST will benefit from claims coordination between the administrations, which will hopefully lead to a more streamlined MST claims process and accelerated compensation decisions, and will avoid the complications that often lead to frustration among survivors.

I thank Chair LURIA for offering this legislation, and I urge my colleagues to support it.

Mr. Speaker, I reserve the balance of my time.

Mr. BOST. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of H.R. 7335, the MST Claims Coordination Act. This bill requires VBA to provide claimants with outreach materials on VHA services for military sexual trauma survivors during the benefits claim process.

Additionally, this legislation will allow the veterans to opt into a requirement that the VBA notify VHA when the veteran receives a disability exam or board hearing for a claim related to MST. This will allow the VHA

to be better informed about the events in the claims process that may cause distress to the MST survivor in order to improve their care.

Veteran claimants have reported that they are unaware of the services VHA provides to assist veterans who experienced MST, regardless of their service-connected disability status.

It is critical that VA improves coordination between VHA and VBA to better support survivors of MST.

I appreciate Congresswoman LURIA, the Chairwoman of the Disability Assistance and Memorial Affairs Subcommittee, for introducing this bill, and I urge my colleagues to support this bill.

Mr. Speaker, I reserve the balance of my time.

Mr. TAKANO. Mr. Speaker, I yield 3 minutes to the gentlewoman from Virginia (Mrs. LURIA), my good friend, author of H.R. 7335, and the chair of the Disability Assistance and Memorial Affairs Subcommittee.

Mrs. LURIA. Mr. Speaker, I rise today on behalf of the survivors of military sexual trauma, or MST, who struggle to access the medical care, mental health services, and the compensation that they deserve.

Sexual assault in the military continues to be a pervasive issue. These assaults are often unreported and can culminate in post-traumatic stress disorder, depression, and even suicide.

When a veteran has the courage to report the impact of that trauma to the VA, it is essential that we treat these claims with the utmost empathy, compassion, and concern.

For many veterans, submitting the claim means opening themselves up. For those who have not filed a report while in the military, this is the first opportunity for their experience to be acknowledged. And far too often, MST survivors encounter bureaucratic processes when filing their claims through the VA, which can be re-traumatizing, and further delays access to critical healthcare and mental healthcare services.

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My bill is one in a series of bills drafted to improve the veteran’s experience during the MST claims process. It would require the VA to provide guidance to help veterans understand what mental health resources and other supports are in place and available to support them as they go through the claims process.

By ensuring veterans who file an MST-related claim are given information on the Veterans Crisis Line, how to make appointments with mental healthcare providers, and connect them with VHA MST coordinators, we empower veterans to access the network of trauma-informed care that the VHA provides.

For veterans who already have access to the VHA system of care, my bill would, with the veteran’s consent, allow for relevant healthcare providers

to be notified when a veteran in their care has filed an MST claim, has an examination related to the MST claim, or been notified of a decision or a determination. This notification can be especially helpful when a claim has been denied or the decision is lower than the veteran feels is warranted.

We must ensure that survivors of sexual assault and sexual harassment in the military are treated respectfully and receive proper care at all stages of the process, including mental healthcare services.

It is especially critical in light of the August 2021 VA Office of Inspector General report which showed that claims were still being inappropriately denied. Thus, “veteran survivors of military sexual trauma remain at risk of not receiving the VA benefits to which they are entitled and experiencing additional distress when claims are improperly handled or denied.”

That is why I introduced the MST Claims Coordinator Act, to improve communication and coordination in the claims process between the Veterans Benefits Administration and the Veterans Health Administration.

As a 20-year Navy veteran, I am proud to have worked with my colleagues in a bipartisan fashion to introduce this legislation, and I urge my colleagues to support its final passage.

Mr. BOST. Mr. Speaker, I encourage my colleagues to support this bill, and I yield back the balance of my time.

Mr. TAKANO. Mr. Speaker, I truly appreciate the diligent work of Chairwoman LURIA. I ask all of my colleagues to join me in passing her legislation, H.R. 7335, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. TAKANO) that the House suspend the rules and pass the bill, H.R. 7335.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. HICE of Georgia. Mr. Speaker, on that I demand the yeas and nays.

The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are ordered.

Pursuant to clause 8 of rule XX, further proceedings on this motion are postponed.

#### DIGNITY FOR MST SURVIVORS ACT

Mr. TAKANO. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 6961) to amend title 38, United States Code, to improve hearings before the Board of Veterans' Appeals regarding claims involving military sexual trauma, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 6961

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

#### SECTION 1. REQUIREMENT FOR TRAINING ON CLAIMS INVOLVING MILITARY SEXUAL TRAUMA PRIOR TO ASSIGNMENT OF CERTAIN PROCEEDINGS.

(a) REQUIREMENT.—Section 7102 of title 38, United States Code, is amended by adding at the end the following new subsection:

“(c)(1) The Secretary shall ensure that there is offered to each member of the Board an annual training on military sexual trauma and proceedings that concern a claim for compensation based on military sexual trauma experienced by a veteran.

“(2) A proceeding that concerns a claim specified in paragraph (1) may not be assigned to an individual member of the Board or to a panel of members unless the individual member, or each member of the panel, as the case may be, has completed the annual training most recently offered to that member pursuant to such paragraph.

“(3) In this subsection, the term ‘military sexual trauma’ has the meaning given that term in section 1166(c) of this title.”

(b) FIRST TRAINING.—The Secretary of Veterans Affairs shall ensure that each member of the Board of Veterans' Appeals is offered the first annual training under section 7102(c) of title 38, United States Code, as amended by subsection (a), by not later than 180 days after the date of the enactment of this Act.

(c) APPLICABILITY.—The limitation under section 7102(c)(2) of title 38, United States Code, as added by subsection (a), shall apply with respect to the assignment of proceedings on or after the date that is 180 days after the date of the enactment of this Act.

#### SEC. 2. REVIEW OF LANGUAGE AND PRACTICES USED IN CONNECTION WITH CLAIMS INVOLVING MILITARY SEXUAL TRAUMA.

(a) BOARD OF VETERANS' APPEALS.—

(1) IN GENERAL.—Section 7112 of title 38, United States Code, is amended—

(A) by inserting “(a) REMANDED CLAIMS.—” before “The Secretary”; and

(B) by adding at the end the following new subsections:

“(b) CLAIMS INVOLVING MILITARY SEXUAL TRAUMA.—The Board shall promptly determine whether a notice of disagreement filed with the Board is a covered case.

“(c) DEFINITIONS.—In this section:

“(1) The term ‘covered case’ means a case—

“(A) that concerns a claim for compensation based on military sexual trauma; and

“(B) for which the appellant has requested a hearing in the notice of disagreement filed with the Board pursuant to section 7105 of this title.

“(2) The term ‘military sexual trauma’ has the meaning given that term in section 1166 of this title.”

(2) CLERICAL AMENDMENTS.—

(A) SECTION HEADING.—The heading of such section is amended by striking “**remanded**” and inserting “**certain**”.

(B) TABLE OF SECTIONS.—The table of sections at the beginning of chapter 71 of such title is amended by striking the item relating to section 7112 and inserting the following:

“7112. Expedited treatment of certain claims.”

(b) AUDIT AND MODIFICATION OF DENIAL LETTERS.—

(1) REQUIREMENT.—The Secretary of Veterans Affairs shall conduct an audit of the language used in letters sent to individuals to explain the decision by the Secretary to deny covered claims. Not later than 180 days after the date of the enactment of this Act, the Secretary shall modify the letters to ensure that—

(A) the letters use trauma-informed language; and

(B) veterans are not re-traumatized through insensitive language.

(2) CONSULTATION.—The Secretary shall carry out paragraph (1) in consultation with veterans service organizations and other stakeholders as the Secretary determines appropriate.

(c) EXAMINATIONS.—The Secretary shall establish protocols for Department of Veterans Affairs medical providers and contract medical providers to ensure that the medical providers conduct examinations regarding covered claims using trauma-informed practices.

(d) DEFINITIONS.—In this section:

(1) The term “compensation” has the meaning given that term in section 101 of title 38, United States Code.

(2) The term “contract medical provider” means a medical provider who contracts with the Department of Veterans Affairs to provide a medical examination or a medical opinion when such an examination or opinion is necessary to make a decision on a claim under the laws administered by the Secretary of Veterans Affairs.

(3) The term “covered claim” means a claim for compensation based on military sexual trauma experienced by a veteran.

(4) The term “military sexual trauma” has the meaning given that term in section 1166 of title 38, United States Code.

(5) The term “trauma-informed” means, with respect to language or practices, using language or carrying out practices in a manner that—

(A) is based on a knowledge of the awareness of the prevalence and impact of trauma on the physical, emotional, and mental health of an individual, the behaviors of the individual, and the engagement by the individual to services;

(B) is aimed at ensuring environments and services are welcoming and engaging to the individual who receives such services and the staff who provide such services; and

(C) ensures that the language or practices do not retraumatize the individual.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from California (Mr. TAKANO) and the gentleman from Illinois (Mr. BOST) each will control 20 minutes.

The Chair recognizes the gentleman from California.

#### GENERAL LEAVE

Mr. TAKANO. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 6961, as amended.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from California?

There was no objection.

Mr. TAKANO. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in strong support of H.R. 6961, as amended, the Dignity for MST Survivors Act, introduced by Representative MRVAN.

The importance of caring for veterans who have experienced military sexual trauma cannot be overstated. By virtue of the bill's name, Representative MRVAN seeks to ensure that MST survivors are given the respect and honor they deserve.

Words have meaning and power, and how we discuss MST can be retraumatizing for survivors. Careful thought must be given to the way in which the VA communicates with veterans who have MST claims. This bill takes great